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Bib Data Sheet

CONFIRMATION NO. 9917

SERIAL NUMBER 09/525,797	FILING DATE 03/15/2000 RULE	CLASS 514	GROUP ART UNIT 1642	ATTORNEY DOCKET NO. 5218-39B
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## APPLICANTS

Athanasius A Anagnostou, Greenville, NC;  
George Sigounas, Greenville, NC;

*Reprint This*  
Div 5 08/12/358  
4/1/06

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/16/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>gjm</u> Initials	STATE OR COUNTRY NC	SHEETS DRAWING 4	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
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## ADDRESS

20792

## TITLE

Method of treating endothelial injury

FILING FEE RECEIVED 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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## UNITED STATES PATENT AND TRADEMARK OFFICE

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 George Sigounas, Greenville, NC;

## \*\* CONTINUING DATA \*\*\*\*

This application is a DIV of 08/712,358 09/11/1996 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*

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\*\* 05/16/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NC	SHEETS DRAWING 4	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4
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Verified and Acknowledged	Examiner's Signature	Initials			

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20792

## TITLE

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FILING FEE RECEIVED 768	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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